

Exhibit 12

DECLARATION OF GRETA S. HANSEN

I, GRETA S. HANSEN, declare as follows:

1. I am a resident of the State of California and am over the age of 18. I am familiar with the information in the statements set forth below through personal knowledge and from documents and information that have been provided to and reviewed by me, in my professional capacity. If called as a witness, I could and would testify competently to the matters set forth below. I submit this declaration in connection with the request for preliminary relief in this matter.

2. I am the Chief Operating Officer of the County of Santa Clara ("Santa Clara"). In this role, I am responsible for supervising and overseeing all of Santa Clara's operations. In particular, my work focuses on increasing access to healthcare, housing, and food assistance for Santa Clara's most vulnerable residents; improving Santa Clara's child welfare and public benefits systems; leading response operations during local emergencies; expanding access to mental health and substance use treatment services; and other efforts to improve the health and welfare of our community. I have served as Chief Operating Officer since August 2022.

3. Prior to my role as Chief Operating Officer, I served as Chief Assistant County Counsel in the Office of the County Counsel, which provides legal services and advice for Santa Clara. In that role, I oversaw much of the Office's work; advised the Board of Supervisors, Santa Clara executives, and numerous Santa Clara departments regarding a broad range of legal issues; served as one of the directors of Santa Clara's response to the COVID-19 pandemic; led initiatives to improve and preserve service delivery to residents experiencing homelessness, mental illness, and substance use; and developed local policies to protect vulnerable residents. I began my service with the Office of the County Counsel in 2009, became a Lead Deputy in

2010, and served as Chief Assistant County Counsel from 2016 to 2022.

4. I have served in leadership roles at Santa Clara for 15 years. I am deeply familiar with Santa Clara's policies, structure, operations, and budgeting processes, and I have developed particular expertise in the delivery of health, social, and emergency response services to vulnerable populations by Santa Clara departments.

5. I am aware of the U.S. Department of Health and Human Services (HHS) notice titled "Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of 'Federal Public Benefit,'" published on July 14, 2025, at 90 FR 31232. I understand that this notice announces a change in how HHS now interprets the term "Federal public benefit" as used in Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). I am aware that the U.S. Department of Agriculture, U.S. Department of Education, U.S. Department of Justice, and U.S. Department of Labor also recently issued notices or guidance related to the meaning of "Federal public benefit" as used in PRWORA.

Santa Clara Is a Community of Immigrants

6. Santa Clara is a charter county and a political subdivision of the State of California. It is home to approximately 1.9 million residents, making it the most populous county in Northern California and more populous than 12 U.S. states.

7. Santa Clara is also one of the most diverse counties in the nation. More than 40 percent of Santa Clara's residents are foreign-born, and more than 60 percent of children in Santa Clara County have at least one foreign-born parent. These percentages are the highest of any county in California and among the highest of any county in the United States.

8. Santa Clara's foreign-born population exceeds 750,000 and includes people

holding a wide range of immigration statuses: naturalized citizens; lawful permanent residents; refugees and asylees; people with a wide variety of lawful but temporary statuses, including students, employees, and victims of human trafficking or other crimes who have assisted law enforcement and hold T or U visas; and people without lawful immigration status. I am aware of estimates that in recent years Santa Clara has had more than 130,000 undocumented residents.

Santa Clara Is a Social Safety-Net Provider

9. Santa Clara's mission is to plan for the needs of a dynamic community, provide quality services, and promote a healthy, safe, and prosperous community for all. Under state law, Santa Clara is responsible for administering the social safety net and providing services to meet the basic needs of vulnerable residents. Santa Clara is also responsible for public services that promote the safety and welfare of the community overall, including public health, disaster response, and public safety functions.

10. Santa Clara employs nearly 26,000 people to carry out its essential safety-net and public services functions. These employees include doctors, nurses, and other staff providing health services within Santa Clara's comprehensive public safety-net Health System; social workers and eligibility workers who provide protective services and administer benefits within Santa Clara's Social Services Agency; election workers, community outreach specialists, park rangers, law enforcement officers, accountants, housing and community development specialists, and numerous other workers who provide and support necessary public services for the Santa Clara County community.

11. Santa Clara receives about \$3.7 billion in funding each year from the federal government, including from HHS, to support services and programs that serve our community. For the fiscal year that just ended on June 30, 2025, federal funding represented approximately

30% of Santa Clara's total adopted budget. The vast majority of that funding supports critical health care service delivery for Santa Clara County residents and the broader region. Santa Clara Valley Healthcare, Santa Clara's network of public hospitals and clinics, receives nearly 70% of its funding from the federal government. Indeed, of the total \$3.7 billion that Santa Clara receives in federal funding, more than half—\$1.9 billion—goes to the Santa Clara Valley Healthcare system alone. Federal funding also directly supports 42% of the Social Services Agency's budget and about 30% of the Public Health Department's budget.

The County Health System

12. Santa Clara's County Health System is the second-largest county-owned health and hospital system in California, and one of the largest public health systems in the nation. It is the only public safety-net healthcare provider in Santa Clara County. The County Health System includes four acute-care hospitals, a network of primary and specialty care clinics, and a Custody Health Services Department that together comprise Santa Clara Valley Healthcare; as well as the Behavioral Health Services Department; Public Health Department; Emergency Medical Services Agency; and Valley Health Plan, which offers a range of health plans to county residents and employees.

Santa Clara Valley Healthcare

13. The four hospitals within Santa Clara Valley Healthcare (SCVH) provide critical emergency and acute care services to the Santa Clara County community, including pediatric trauma, burn, and rehabilitation care and neonatal intensive care units, among other services. SCVH also operates a large network of outpatient clinics, including comprehensive health centers located throughout Santa Clara County and several specialty care clinics. The health centers provide a full complement of primary care services, including internal medicine, family

medicine, pediatrics, women's health, primary care, behavioral health, and dental services.

14. SCVH relies on federal funding to provide healthcare services to some of Santa Clara's most vulnerable residents. For example, Santa Clara is the recipient of an approximately \$8 million Healthcare for the Homeless grant through the Health Resources and Services Administration (HRSA) Health Center Program for a project period of June 2023 to May 2026. That grant funds SCVH's Valley Homeless Healthcare Program (VHHP). VHHP provides care to more than 7,000 people experiencing homelessness each year, including through Mobile Health Centers that provide services to vulnerable residents across the county. In addition, through a Behavioral Health Service Expansion Grant from HRSA's Health Center Program (approximately \$600,000 for the current federal fiscal year, and an additional \$500,000 expected in the coming fiscal year for a total of \$1.1 million), Santa Clara works to increase access to mental health and substance use disorder services, including medication-assisted treatment for opioid use disorder, for the highest-need, hardest-to-reach homeless patients.

15. As a public safety-net provider, SCVH provides health services regardless of income or ability to pay. SCVH is not a profit-making enterprise, and the costs of caring for our patients—who are disproportionately indigent, uninsured, or reliant on government-sponsored health coverage—exceed our revenues by hundreds of millions of dollars each year.

The Public Health Department

16. Santa Clara's public health functions are carried out by the Public Health Department (PHD). PHD's mission is to promote and protect the health and well-being of all of Santa Clara County's approximately 1.9 million residents. None of the 15 cities in Santa Clara County has a health department, so the residents of all 15 cities as well as unincorporated areas of Santa Clara County rely on Santa Clara's PHD to perform essential public health functions.

17. For example, to highlight just one area of PHD's work, PHD is responsible for safeguarding the public health by preventing and controlling the spread of infectious diseases and planning for and responding to public health emergencies. Programs in PHD's Infectious Disease and Response Branch receive reports on more than 80 different diseases and conditions; track trends; investigate individual cases of concern (e.g., measles); provide long-term case management for certain types of cases (e.g., active tuberculosis); provide immunizations; identify, investigate, and control outbreaks; and plan for and respond to public health emergencies. They also conduct HIV and other STD testing and education for vulnerable communities; distribute opioid overdose prevention kits; and connect people to treatment for substance use disorders, HIV, tuberculosis, and other diseases. PHD also operates a pharmacy that provides free, donated medicine to individuals who cannot afford the retail cost of such drugs, as well as a pharmacy that specializes in serving patients with HIV/AIDS, patients with tuberculosis, and patients from PHD's STD clinic. Pharmacy staff also support communicable disease control by procuring and distributing essential medications and vaccines during outbreaks; researching pharmaceutical interventions; and distributing approximately 20,000 flu vaccines, annually, to health care providers in Santa Clara County to administer to low-income and elderly residents at no charge. In addition, pharmacy staff support Santa Clara's emergency preparedness program, should there be a need for mass prophylaxis or rapid response to a chemical or bioterrorism incident. In addition to PHD's work in infectious disease and emergency response, other areas of focus for PHD include (1) maternal, child, and family health services for Santa Clara County's most vulnerable children and families; (2) support for the creation of healthy communities through chronic disease and injury prevention, healthy aging, and violence prevention efforts; (3) environmental health; and (4) public health science.

18. Federally funded programs—including programs directly funded by the federal government and programs for which pass-through funding is administered by the State—support PHD’s work protecting the health and well-being of Santa Clara County residents, including programs that provide services to low-income individuals with HIV/AIDS, harm reduction supplies to combat the opioid epidemic, services to improve food access for vulnerable children and families, case management for individuals with tuberculosis, services to community members experiencing extreme heat or impaired air quality, and childhood lead poisoning prevention services.

The Behavioral Health Services Department

19. Santa Clara’s Behavioral Health Services Department (BHSD) provides behavioral health services to adults and youth to treat and prevent substance use disorders and serious mental illness. Through its own clinics and its network providers, BHSD provides treatment services to over 31,500 Santa Clara residents annually. These services include outpatient mental health and substance use treatment services, such as therapy, medication management, case management, and counseling; residential treatment services for those who need a stable living environment while receiving behavioral health services on-site; acute and subacute services for individuals requiring inpatient treatment; and 24/7 crisis intervention services, including a crisis hotline and mobile crisis teams. Through this array of services, BHSD provides a full continuum of integrated and developmentally appropriate behavioral health services and supports, with the aim of assisting Santa Clara residents who are affected by serious mental illness and substance use disorders to achieve wellness and quality of life goals.

20. BHSD also provides prevention, education, and early intervention programs to promote mental wellbeing, reduce stigma and increase awareness, and identify behavioral health

issues before they escalate and require higher levels of care. These efforts include school-based prevention and early intervention services for youth, programs targeted to older adults, and suicide prevention programs, among others. Through its prevention, education, and treatment services, BHSD reaches over 110,000 Santa Clara residents each year.

21. BHSD primarily serves Santa Clara residents who are uninsured or enrolled in Medi-Cal (California's implementation of Medicaid). As the managed care plan for Medi-Cal specialty mental health services and substance use treatment services, BHSD is responsible for ensuring that Medi-Cal beneficiaries residing in Santa Clara County have access to treatment for serious mental illness and substance use disorders.

22. BHSD relies heavily on federal funding to provide critical behavioral health services to these residents, including federal funds from the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG), the Community Mental Health Services Block Grant (MHBG), and the Projects for Assistance in Transition from Homelessness (PATH) grant. Santa Clara is a subrecipient of these federal funds, which are passed through the California Department of Health Care Services.

23. For Fiscal Years 2024–25 and 2025–26, BHSD was allocated over \$13.5 million per fiscal year from the SAMHSA-administered SUBG, MHBG, and PATH grant programs. This federal funding supports mental health and substance use prevention, referral, and treatment programs that are essential to the health and well-being of some of Santa Clara's most vulnerable residents.

The Social Services Agency

24. Santa Clara's Social Services Agency (SSA) provides basic safety-net services to at-risk children, families, and adults, including child welfare services, care for dependent and

older adults, job training, youth outreach, food programs, financial assistance, and services for veterans and their families. It provides these services through four components: (1) the Department of Aging and Adult Services (DAAS), (2) the Department of Employment and Benefit Services (DEBS), (3) the Department of Family and Children's Services (DFCS), and (4) the Office of Veterans Services. These components of SSA are responsible for services that Santa Clara is legally obligated to provide, including certain child welfare services, adult protective services, public guardian and public administrator services, and cash assistance for Santa Clara's neediest residents. DAAS serves seniors, dependent adults, and disabled people through the delivery of protective services, quality nutrition, and supportive in-home services, and also evaluates community needs, develops programs and services, and advises on policies concerning the welfare of seniors and persons with disabilities. DEBS provides low-income Santa Clara residents with access to programs that provide health insurance, employment services, foster-care benefits, food assistance, and support for basic living costs. In doing so, it promotes the transition of public-assistance recipients to employment and self-sufficiency. DFCS provides child welfare services to protect children from abuse and neglect and to advance child safety and family well-being. It provides prevention and early intervention services, including in-home services to prevent the need to remove children from their homes and to support less restrictive placement options for children who have been removed from their homes.

25. SSA provides many of its public benefits and supportive services to community members through federally funded programs. In Fiscal Year 2024–25, SSA budgeted approximately \$208 million in federal funding from the Administration for Children and Families (ACF), which is a subagency of HHS. In Fiscal Year 2025–26, SSA expects to receive approximately \$216 million in federal funding from ACF. Virtually all of SSA's federal funds

pass through the State of California to Santa Clara.

26. For example, in Fiscal Year 2024–25, SSA received approximately \$76 million in federal funds from HHS to provide child welfare services. Key federally funded services and programs administered by DFCS include the Kinship Guardianship Assistance Payment program, which provides monthly financial support to formerly dependent youth and their legal guardians when guardianship is ordered by the juvenile court, and the Title IV-E Prevention Services program, which places eligible youth in a short-term residential treatment program.

Santa Clara and Its Residents Will Be Harmed If Preliminary Relief Is Not Granted

27. As noted, I am aware of a recent HHS notice announcing a change in how HHS interprets the term “Federal public benefit” as used in Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). I understand that the effect of this notice is that certain programs that were not previously understood to provide “Federal public benefits” would now be considered to provide “Federal public benefits.” I further understand that, as stated in the HHS notice, PRWORA provides that non-citizens who are not “qualified aliens” are not eligible for any “Federal public benefit.” I am aware that the programs identified in the HHS notice include the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG), the Community Mental Health Services Block Grant (MHBG), the Projects for Assistance in Transition from Homelessness Grant Program (PATH), and the Health Center Program, all of which are federal programs that support the health and safety of local communities. As explained below, this sudden change in interpretation will cause harm to Santa Clara and its community members and will significantly strain Santa Clara’s resources if not enjoined.

28. Some of the programs and services Santa Clara administers are already limited by

federal law to certain categories of people based on their immigration status. However, other programs and services are not, and for those programs it would require substantial resources and staff time to develop a system for ensuring that non-citizens who are not “qualified aliens” did not receive any services considered under the recent notices to be a “Federal public benefit.” In some instances, it might not even be feasible to do so. And in many instances, doing so would come at a substantial cost to community health and well-being.

29. For example, BHSD has not previously been required to verify or inquire about the immigration status of the people it serves (most of whom, regardless of immigration status, are enrolled in Medi-Cal through Santa Clara’s SSA and the State). Accordingly, BHSD does not train staff on how to determine or verify immigration status for purposes of PRWORA, has no policies or procedures related to determining or verifying immigration status, and has no other infrastructure in place to determine or verify the immigration status of the people it serves. If BHSD were required to determine or verify the immigration status of people receiving services from programs supported with SUBG, MHBG, or PATH funds, BHSD would need to invest substantial resources and staff time to develop the necessary policies and procedures, train staff, build workflows, and otherwise develop the infrastructure necessary to conduct immigration status verification—or BHSD would have to cease using SUBG, MHBG, or PATH funds to support these programs, potentially losing out on millions of dollars annually.

30. Even if BHSD were to develop policies and procedures and train staff to verify immigration status, it would be infeasible—and in some cases impossible—to determine the immigration status of people served by many of the BHSD programs that are supported in part by SUBG, MHBG, and PATH funds. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA), an HHS subagency, requires that grantees spend no less

than 20 percent of their SUBG funds for specified prevention strategies.¹ Consistent with that requirement, BHSD uses SUBG funds to support a range of prevention strategies, including programs aimed at preventing binge drinking among youth, decreasing cannabis use among youth, and reducing opioid use by both youth and adults. These prevention programs include broad efforts targeted at the community at large, such as prevention campaigns disseminated via media platforms throughout the community (e.g., television, bus ads, billboards), distribution of informational materials, educational programs in schools, trainings, and workshops. There is no way that BHSD can identify all the individuals whom these prevention programs reach, let alone inquire into their immigration status.

31. Similarly, BHSD uses MHBG funds to cover part of the costs of personnel needed to staff its Behavioral Health Call Center, a toll-free behavioral health crisis and referral line. The Call Center provides 24/7 crisis support and serves as the main entry point for anyone seeking mental health or substance use services in Santa Clara County. Call Center staff do not inquire about or verify the immigration status of individuals who call seeking crisis support or a referral for behavioral health services. Nor would it be feasible for Call Center staff to do so, over the phone, in an interaction intended to either provide immediate crisis support or quickly link individuals to appropriate behavioral health providers.

32. SUBG, MHBG, and PATH funds also help pay for the salaries of staff who do community outreach, staff who oversee and support the quality of services provided at a substance use treatment services clinic for youth, and training for behavioral health providers on evidence-based practices, among other things. In these contexts, it is unclear what it would mean to require verification of immigration status or to treat certain immigrants as ineligible for

¹ SAMHSA, Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG), <https://www.samhsa.gov/grants/block-grants/subg>.

“benefits” from these federal grant programs.

33. Moreover, even if it were feasible for BHSD to inquire about and determine immigration status in some instances, doing so would have extremely detrimental impacts and deter individuals from seeking much needed care. In my prior role with the Office of the County Counsel, I developed deep familiarity with BHSD’s operations while serving for many years as the department’s assigned attorney, and in my current role, I continue to work closely with BHSD leadership to help ensure that community members can access the healthcare they need. Based on this extensive experience and my broader experience with Santa Clara’s safety-net services, I believe that policies requiring government staff to inquire into immigration status are likely to decrease community members’ trust in government services and increase their reluctance to access services for which they are eligible. This concern is heightened in the context of behavioral health services, which require individuals to trust their providers with extremely sensitive information related to mental illness and substance use in order to work toward health and recovery. If BHSD staff had to begin inquiring about and verifying immigration status, we would expect to see declining use of Santa Clara’s mental health and substance use services by people who are entitled to receive them, resulting in a larger number of community members with untreated behavioral health disorders and negatively impacting the well-being of our community as a whole.

34. Many of the same concerns apply in the context of SCVH’s work through the Valley Homeless Health Care Program (VHHP), for which certain staff salaries and other expenses are supported by Health Center Program funding. VHHP operates a network of sites that link homeless patients to the services they need to get and stay healthy, including mobile sites that are designed to serve hard-to-reach individuals experiencing homelessness at locations

such as homeless service sites and encampments. These sites are staffed with medical providers, nurses, and other support staff, who have developed ongoing and trusting relationships with many of their patients. They provide primary medical care, behavioral health treatment, and other services to homeless patients.

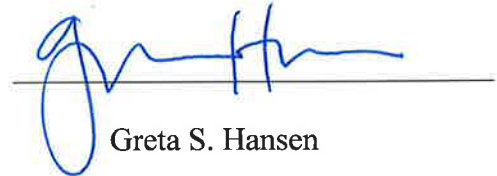
35. My understanding and belief, both from my own experience and from that of SCVH leadership and staff, is that many homeless patients would cease coming to VHHP clinics if Santa Clara employees were required to ask them about their immigration status. This would result in harms on many levels. At the most immediate level, individual patients would not receive medical care they need, which would result in harm to their health. This could have the effect of exacerbating existing health conditions, including for patients suffering from substance abuse. At a more systemic level, the cumulative effect of patients not receiving preventive care and necessary medications would likely be a strain on Santa Clara's emergency services, which would result in increased costs to Santa Clara and could also lead to decreased capacity for emergency care across the community. In addition, a drop-off in service provision to the homeless population could have an effect on community public health. VHHP clinics provide services to treat and prevent the spread of infectious diseases, including syphilis treatment and vaccines for TDAP, the flu, hepatitis, pneumonia, shingles, and HPV, among other services. My understanding is that VHHP staff's trusting relationships with their homeless patients has also helped them to collaborate with other agencies, including our Public Health Department. I also understand and believe that many of the homeless patients who are served by these clinics lack documentation such as ID cards, which would make it practically infeasible for SCVH staff to determine their immigration status.

36. The above are only some of the ways in which Santa Clara and its community

members will be harmed by the sudden change in interpretation of what constitutes a “Federal public benefit” for purposes of PRWORA. For example, the HHS notice states that other programs not listed in the notice “may still fall under the definition of Federal public benefit” and will be announced in program-specific guidance. The uncertainty of what other programs may be announced to fit within this definition only adds to and underscores these harms, including because state programs may be affected and have downstream effects on Santa Clara’s ability to provide services. These harms are particularly acute given that Santa Clara has designed its budgets and programs based on an understanding of the permissible use of federal funds.

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED at San José, California this 16 day of July, 2025.



Greta S. Hansen